Fee-for-Service – Submitting *CMS-1500* Professional Claims

Agenda

- Overview of the IHCP Provider Healthcare Portal
- Submitting *CMS-1500* Professional Claims Via the Portal
- Searching for Claims
- Editing, Copying, and Voiding Claims
- Internal Control Numbers
- Reminder
- Helpful Tools
- Questions

Overview of the IHCP Provider Healthcare Portal

Finding the Portal Online

Visit: in.gov/medicaid/providers

What's New?

Find out about recent news items, provider publications, and other website or program updates.

Read the Latest IHCP Update Email

IHCP News Items

7/26/2019 — IHCP corrects information published in July 23 banner page

7/12/2019 — Indiana EVV Program Information webinar available on IHCP website

6/12/2019 — FSSA suspends development on the EnCred system

6/7/2019 — Open forums allow stakeholders to provide input on new comparison tool for certified health IT

5/29/2019 — IHCP postpones including manually priced procedures in multiple surgery reimbursement re...

Click Here To View More News

Bulletins

Banner Pages

Provider Healthcare Portal

Enroll as an IHCP provider, check member eligibility, submit and adjust claims, view payments, update provider profiles, send secure correspondence, and more.

Portal Log-In

Portal Training

Provider Healthcare Portal Overview

Login

*User ID

[   ]

Log In

Forgot User ID?

Register Now

Where do I enter my password?

Protect Your Privacy!
Always log off and close all of your browser windows

WHAT CAN YOU DO IN THE PROVIDER HEALTHCARE PORTAL?

Through the Indiana Health Coverage Programs (IHCP) secure and easy-to-use internet portal, healthcare providers can:

- Submit claims
- Check on the status of their claims
- Inquire on a patient's eligibility
- View their Remittance Advices
- Request prior authorization

Managed Care Entities can:

- Enroll, disenroll, and update primary medical providers
- Review their encounter claims
- Inquire on a managed care member's eligibility

In addition, the Portal provides access to a wide variety of IHCP information and resources.

Provider Healthcare Portal Overview

Computer and Challenge Question

Site Key

The HealthCare Portal uses a personalized site key to protect your privacy online. To use a site key, you are asked to respond to your Challenge question the first time you use a personal computer, or every time you use a public computer. When you type the correct answer to the Challenge question, your site key token displays which ensures that you have been correctly identified. Similarly, by displaying your personalized site key token, you can be sure that this is the actual HealthCare Portal and not an unauthorized site.

If this is your personal computer, you can register it now by selecting: **This is a personal computer. Register it now.** If this is not your personal computer, such as a public computer, select: **This is a public computer. Do not register it.**

Answer the challenge question to verify your identity.

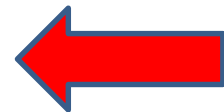**Challenge Question**   What is your favorite sports team?

*Your Answer   [   ]

Forgot answer to challenge question?

Select   ○ This is a personal computer. Register it now.
⦿ This is a public computer. Do not register it.

Continue

Answer the challenge question and register your computer

Provider Healthcare Portal Overview

- Verify your site key and passphrase
- Enter your password

Submitting *CMS-1500* Professional Claims Via the Portal

Claim Submission

Submitting Professional Claims

Be sure you are logged on to the Portal under the correct Billing Provider ID

Provider Information

Requesting Provider Information

Billing Provider ID	ID Type Provider ID	Name
Rendering Provider ID	ID Type	Name _
Rendering Taxonomy		
Referring Provider ID	ID Type	Name _
Service Facility Location ID	ID Type	Name _

Use the spyglass to enter rendering NPI

Provider ID Search — Back to Claim ?

Search By ID | Search By Name | Search By Organization

* Indicates a required field.

*Provider ID   Provider ID Type

[Search] [Cancel]

If physician is listed more than once, choose the entry without a taxonomy number

Submitting Professional Claims

Claim Information

Claim Header Instructions

Hospital From Date ❶	[ ] 🗓	**Hospital To Date** ❶	[ ] 🗓
Date Type	[▼]	**Date of Current** ❶	[ ] 🗓
Accident Related	[▼]		
***Patient Number**	[ ]	**Authorization Number**	[ ]
Medical Record Number	[ ]	**Special Program**	[▼]

***Does the provider have a signature on file?** ⦿ Yes ○ No

***Does the provider accept assignment for claim processing?** ⦿ Yes ○ No ○ Clinical Lab Services Only

***Are benefits assigned to the provider by the patient or their authorized representative?** ⦿ Yes ○ No ○ N/A

***Does the provider have a signed statement from the patient releasing their medical information?** ⦿ Yes ○ No

Include Other Insurance ☐   **Total Charged Amount** $0.00

[**Continue**] [**Cancel**]

To add information from a primary payer, check the Include Other Insurance box before pressing ***Continue***

Submitting Professional Claims – Diagnosis Codes

- Enter the first three alpha characters or diagnosis characters
- A suggested list populates
- Click **Add** to populate diagnosis code

Submitting Professional Claims – Diagnosis Codes

Diagnosis Codes

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code.

#	Diagnosis Type	Diagnosis Code	Action
1	ICD-10-CM	E08321-DIAB D/T UNDRL COND W MILD NONPRLF DIAB RTNOP W MCLR EDEMA	Remove
2	ICD-10-CM	J810-ACUTE PULMONARY EDEMA	Remove
3	ICD-10-CM	G936-CEREBRAL EDEMA	Remove
4			

4   *Diagnosis Type [ICD-10-CM ▼]   *Diagnosis Code ⓘ [   ]

Add   **Reset**

Back to Step 1   **Continue**   **Cancel**

- Remember to click **Add** after each additional diagnosis code to populate

Submitting Professional Claims – Service Details

Service Details

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

#	From Date	To Date	Place of Service	Procedure Code	Charge Amount	Units	Action

□ Click to collapse.

*From Date 🛈 [_____] 📅   **To Date** 🛈 [_____] 📅   ***Place of Service** [_____ ▼]

*Procedure Code 🛈 [_____]   ***Diagnosis Pointers** [▼] [▼] [▼] [▼]

Modifiers 🛈 [_____]   [_____]

[_____]   [_____]

Charge Amount [$0.00_____]   ***Units** [_____]   ***Unit Type** [Unit ▼]   **EPSDT** ☐   **Family Plan** ☐   **EMG** ☐

Rendering Provider ID [_____] 🔍   **ID Type** [_____ ▼]   **Rendering Taxonomy** [_____]

Line Item Control# [_____]

NDC for Service Detail ⊞

Note for Service Detail ⊞

Add   **Cancel**

Red asterisk (*) indicates a required field. The Charge Amount field does not have an asterisk, but it is required.

Modifiers are required, if applicable.

Submitting Professional Claims – Service Details

Service Details

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

#	From Date	To Date	Place of Service	Procedure Code	Charge Amount	Units	Action

Click to collapse.

*From Date ⓘ [.] 🔲   To Date ⓘ [ ] 🔲   *Place of Service [12-Home ▼]

*Procedure Code ⓘ [E0830]   *Diagnosis Pointers [1 ▼] [▼] [▼] [▼]

E0830-AMBULATORY TRACTION DEVICE

Modifiers ⓘ [ ] [ ]

Charge Amount [$100.00]   *Units [2.00]   *Unit Type [Unit ▼]   EPSDT ☐   Family Plan ☐   EMG ☐

Rendering Provider ID [ ] 🔍   ID Type [▼]   Rendering Taxonomy [ ]

Line Item Control# [ ]

NDC for Service Detail ➕

Note for Service Detail ➕

[Add]   [Cancel]

- Group providers may enter rendering provider's ID at the service detail level if not entered at the header level
- Taxonomy codes are not required for rendering providers

Submitting Professional Claims – NDC for Service Detail

NDC for Service Detail

If applicable, only one NDC is allowed per service detail line. When adding an NDC, the Code Type, Quantity and Unit of Measure fields are required. Additionally, NDC information is required when adding or saving NDC with prescription information (Prescription Number, Prescription Type).

Code Type: National Drug Code in 5-4-2 Format ▼

NDC ⊙

Quantity

Unit of Measure ▼

Prescription Number

Prescription Type ▼

Prescription Date ⊙

Refer to Procedure Codes That Require NDC code set table:
Launch Provider Code Tables

Submitting Professional Claims – Add Claim Attachment

Attachments ▬

Click the **Remove** link to remove the entire row.

#	Transmission Method	File	Control #	Attachment Type	Action
⊟ Click to collapse.					

*Transmission Method   FT-File Transfer ▼

*Upload File   [Choose File] No file chosen

*Attachment Type   [▼]

[Add]   [Canc...]

- BR-Benchmark Testing Results
- BS-Baseline
- BT-Blanket Test Results
- CB-Chiropractic Justification
- CK-Consent Form(s)
- CT-Certification
- D2-Drug Profile Document
- DA-Dental Models
- DB-Durable Medical Equipment Prescription
- DG-Diagnostic Report
- DJ-Discharge Monitoring Report
- DS-Discharge summary
- **EB-Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payer)**
- HC-Health Certificate
- HR-Health Clinic Records
- I5-Immunization Record
- IR-State School Immunization Records
- LA-Laboratory Results
- M1-Medical Record Attachment
- MT-Models

Claim Note Information ▬

Click the **Remove** link to remove the e...

#	Note Reference ...			Action
⊞ Click to add a new claim note				

[Back to Step 1] [Back...]   [...bmit] [Cancel]

Go to Top

- 5 MB total allowed
- Document types allowed: PDF, BMP, GIF, JPG/JPEG, PNG, and TIFF/TIF
- The following are not allowed: Word and Excel

Submitting Professional Claims – Claim Note Information

Claim Note Information

Click the **Remove** link to remove the entire row.

#	Note Reference Code	Note Text	Action

☐ Click to collapse.

Note Reference Code [▼]

Additional Information
Certification Narrative
Goals, Rehabilitation Potential, or Discharge Plans
Diagnosis Description
Third Party Organization Notes

Note Text

Add

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Submitting Professional Claims – Submit

Diagnosis Codes

Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code.

#	Diagnosis Type	Diagnosis Code
1	ICD-10-CM	E08341-DIAB D/T UNDRL COND W SEVERE NONPRLF DIAB RTNOP W MCLR EDEMA

Service Details

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

#	From Date	To Date	Place of Service	Procedure Code	Charge Amount	Units	Action
1	07/17/2018	07/17/2018	12-Home	E0830-AMBULATORY TRACTION DEVICE	$100.00	2.00 Unit	Remove

⊞ Click to add service detail.

Attachments

Click the **Remove** link to remove the entire row.

#	Transmission Method	File	Control #	Attachment Type	Action

⊞ Click to add attachment.

Claim Note Information

Click the **Remove** link to remove the entire row.

#	Note Reference Code	Note Text	Action

⊞ Click to add a new claim note

| Back to Step 1 | Back to Step 2 | | Submit | Cancel |

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Submitting Professional Claims – Review Before Confirming

Claim Information

Hospital From Date _	**Hospital To Date** _
Date Type _	**Date of Current** _
Accident Related _	
Patient Number 001	**Authorization Number** _
Medical Record Number _	**Special Program** _
	Total Charged Amount $100.00

Does the provider have a signature on file? Yes

Does the provider accept assignment for claim processing? Yes

Are benefits assigned to the provider by the patient or their authorized representative? Yes

Does the provider have a signed statement from the patient releasing their medical information? Yes

Expand All | Collapse All

Diagnosis Codes ➕

Service Details ➖

#	From Date	To Date	Place of Service	Procedure Code	Charge Amount	Units
1	07/17/2018	07/17/2018	12-Home	E0830-AMBULATORY TRACTION DEVICE	$100.00	2.00 Unit

No Other Insurance Details exist for this claim

No Attachments exist for this claim

No Claim Notes exist for this claim

Back to Step 1   Back to Step 2   Back to Step 3   Print Preview   Confirm   Cancel

Do not use browser back button

Submitting Professional Claims – Confirmation

Searching for Claims

Searching for Claims

How to Search Claims

Search by Claim ID, Member ID, paid date, or service date

Search Claims – Results

Search Claims

Medical/Dental/Institutional

Either the Paid Date or Service From and To date are required fields when the Claim ID is not entered.

Claim Information

Claim ID	

Member Information

Member ID		Birth Date ❶	
Last Name		First Name	

Service Information

Claim Type	▼				
Service From ❶		To ❶		Claim Status	▼
Paid Date ❶					

Search   **Reset**

Search Results

To see service line information or to view a remittance advice, click on the '+' next to the claims ID.

Total Records: 1

+/-	Claim ID	Claim Type	Claim Status	Service Date ▼	Member ID	Rendering Provider ID	Medicaid Paid Amount	Paid Date	Member Responsibility
+	▮▮▮▮▮	Professional	Finalized Denied	07/02/2018			$0.00	07/18/2018	

- Clicking +/- or Claim ID link will give you results of the claim

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Search Claims – Results

Claim Information

Claim Status	Finalized Denied
Hospital From Date _	
Date Type _	
Accident Related _	
Patient Number	
Medical Record Number	

Claim Status Date	
Hospital To Date _	
Date of Current _	
Authorization Number _	
Special Program _	
Total Charged Amount	$7,866.00

Does the provider have a signature on file? Yes

Does the provider accept assignment for claim processing? Yes

Are benefits assigned to the provider by the patient or their authorized representative? Yes

Does the provider have a signed statement from the patient releasing their medical information? Yes

Expand All | Collapse All

Diagnosis Codes ▣

Service Details ▭

#	From Date	To Date	Place of Service	Procedure Code	Charge Amount	Copay Amount	Units
1			41-Ambulance - Land	A0433-ALS 2	$4,522.00		1.00 Unit
2			41-Ambulance - Land	A0425-GROUND MILEAGE	$3,344.00		88.00 Unit

Editing, Copying, and Voiding Claims – Correcting or Resubmitting Claims

Correcting and Resubmitting Claims

Service Details						
#	From Date	To Date	Place of Service	Procedure Code	Charge Amount	Copay Amount	Units
1	07/18/2019	07/18/2019	41-Ambulance - Land	A0425-GROUND MILEAGE	$306.00		9.00 Uni
2	07/18/2019	07/18/2019	41-Ambulance - Land	A0426-ALS 1	$2,486.00		1.00 Uni

Claim EOB Information

Claim Adjustment Reason Code Information

No Other Insurance Details exist for this claim

No Attachments exist for this claim

No Claim Notes exist for this claim

No Adjudication Errors exist for this claim

Edit **Copy** **Void** **Print Preview**

- Paid status claim should be **Edit** or **Void**
- Do not copy
Voiding will set up an account receivable (A/R) and offset on a future remit

Correcting and Resubmitting Claims

Service Details							▬
#	**From Date**	**To Date**	**Place of Service**	**Procedure Code**	**Charge Amount**	**Copay Amount**	**Units**
1	07/02/2018	07/02/2018			$4,522.00		1.00 Unit
2	07/02/2018	07/02/2018			$3,344.00		88.00 Unit

Claim EOB Information				▬
Claim / Service #	**Disposition**	**EOB Code**	**Description**	
Svc # 1	Deny	1010	RENDERING PROVIDER IS NOT AN ELIGIBLE MEMBER OF BILLING GROUP OR THE GROUP PROVIDER NUMBER IS REPORTED AS THE RENDERING PROVIDER. PLEASE VERIFY PROVIDER NUMBER AND RESUBMIT.	
Svc # 2	Deny	1010	RENDERING PROVIDER IS NOT AN ELIGIBLE MEMBER OF BILLING GROUP OR THE GROUP PROVIDER NUMBER IS REPORTED AS THE RENDERING PROVIDER. PLEASE VERIFY PROVIDER NUMBER AND RESUBMIT.	

Claim Adjustment Reason Code Information ➕

Adjudication Errors ➕

No Other Insurance Details exist for this claim

No Attachments exist for this claim

No Claim Notes exist for this claim

Copy   **Print Preview**

Denied claims always display Copy button

Correcting and Resubmitting Claims

Copy Professional Claim

Select the information you would like to have copied to the new claim. Press Copy to initiate the claim and continue entering claim information.

○ **Member Information**
- Member ID
- Last Name
- First Name
- Birth Date
- Patient Number

○ **Service Information**
- Service Facility Location
- Diagnosis Code(s)
- Place(s) of Service
- Procedure Code(s)
- Modifier(s)
- Diagnosis Pointer(s)
- Detail Charge Amount(s)
- Units
- Unit Type(s)
- Rendering Provider(s)
- NDC Code Type(s)
- NDC Code(s)
- NDC Unit Price(s)
- NDC Quantity(s)
- NDC Unit of Measure(s)

○ **Member and Service Information**
Copies data listed in previous 2 columns.

○ **Entire Claim**
Copies data listed in columns 1 and 2 PLUS:
- Referring Provider
- Accident Related
- Accident State
- Accident Country
- Pregnancy Indicator
- Authorization Number
- Medical Record Number
- Special Program
- Emergency Indicator(s)
- EPSDT Indicator(s)
- Family Plan Indicator(s)
- Line Item Control #(s)
- NDC Prescription #(s)
- NDC Prescription Type(s)
- Claim Note(s)
- All Dates
- All Other Insurance

Copy   **Cancel**

- Choose the appropriate information on this screen to make the corrections and resubmit the claim for processing

Internal Control Numbers (ICNs)

Internal Control Numbers (ICNs)

Region Codes

2019 186 XXXXXX
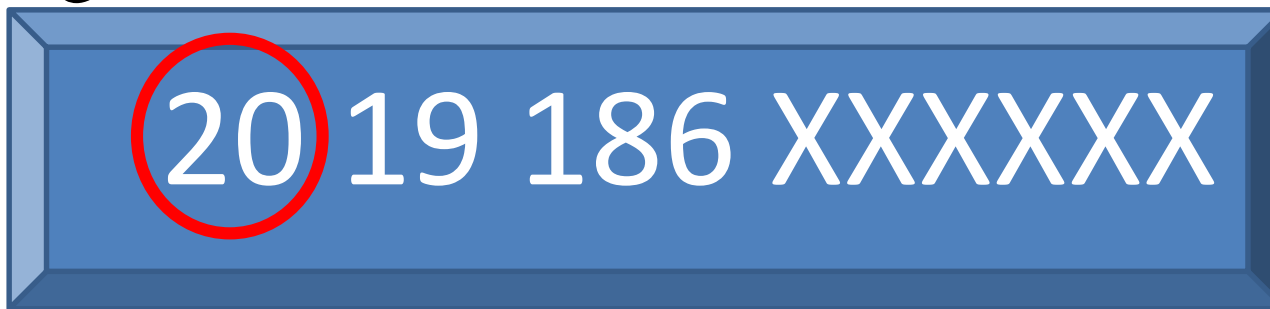
10-Paper claim- no attachment
11-Paper claim - with attachment
20-Electronic claim via batch billing- no attachment
21-Electronic claim via batch billing- with attachment
22-Portal submitted claim – no attachment
23-Portal Submitted claim-with attachment
91-Special batched claims with attachment

This claim was submitted electronically via batch billing without an attachment

Internal Control Numbers (ICNs)

20 19 186 XXXXXX

This claim was submitted in 2019

20 19 186 XXXXXX

This claim was submitted the 186th day of the year or on July 5

Internal Control Numbers (ICNs)

20 19 186 XXXXXX

Internal Batch Numbers

Reminders

Claim Filing Limit

The IHCP has mandated a 180-day filing limit for fee-for-service (FFS) claims, effective January 1, 2019. Refer to *BT201829,* published on June 19, 2018, for additional details

- The 180-day filing limit is effective based on date of service:
  - Any services rendered on or after January 1, 2019, are subject to the 180-day filing limit
  - Dates of service before January 1, 2019, are subject to the 365-day filing limit
  - See the *Provider Enrollment* module for timely filing exceptions

This does not mean 6 months

Count the days!

Timely Filing

- Denied claims – 180 days from date of service
- Underpaid or partially paid claim – 60 days from remit date to adjust for additional payment
- Overpaid claims no timely filing limit to adjust to refund
- Administrative review claims – 60 days from remit date
  - Via Written Correspondence
- Timely filing waived – Error/action by DXC, State, or County OR reasonable attempts to correct/resolve the claim issue
  - Documentation required
- Crossover claims – No timely filing limit
  - Medicare denied claims are not crossovers

Helpful Tools

Helpful Tools

Provider Relations Consultants

REGION	FIELD CONSULTANT	EMAIL	TELEPHONE	COUNTIES SERVED
Illinois Michigan	1 Jean Downs	INXIXRegion1@dxc.com	(317) 488-5071	Dekalb, Elkhart, Fulton, Jasper, Kosciusko, LaGrange, Lake, LaPorte, Marshall, Newton, Noble, Porter, Pulaski, St.Joseph, Starke, Steuben, Whitley Chicago, Watseka Sturgis
Illinois	2 Shari Galbreath	INXIXRegion2@dxc.com	(317) 488-5080	Allen, Adams, Benton, Blackford, Cass, Carroll, Clinton, Delaware Fountainm Grant, Howard, Hutington, Jay, Madison, Miami, Montgomery, Randolph, Tippecanoe, Tipton, Wabash, Warren, Wells, White Danville
	3 Crystal Woodson	INXIXRegion3@dxc.com	(317) 488-5324	Boonem Hamilton, Hendricks, Johnson, Marion, Morgan
Kentucky	4 Ken Guth	INXIXRegion4@dxc.com	(317) 488-5153	Clay, Crawford, Daviess, Dubois, Gibson, Greene, Knox, Lawrence, Martin, Orange, Owen, Parke, Perry, Pike, Posey, Putnam, Spencer, Sullivan, Vanderbirgh, Vermillion, Vigo, Warrick Owensboro
Kentucky Ohio	5 Virginia Hudson	INXIXRegion5@dxc.com	(317) 488-5186	Bartholomew, Brown, Clark, Dearborn, Decatur, Fayette, Hancock, Henry, Jackson, Jennings, Monroe, Ohio, Ripley, Rush, Scott, Shelby, Switzerland, Union, Washington, Wayne Louisville Cincinnati, Harrison, Hamilton, Oxford
	Judy Green		(317) 488-5026	All other out of state areas not previously listed
Team Lead	Jenny Atkins		(317) 488-5032	

# Helpful Tools

IHCP website at in.gov/medicaid/providers:

- *IHCP Provider Reference Modules*

- *Medical Policy Manual*

- Contact Us – Provider Relations Field Consultants

Customer Assistance available:

- Monday – Friday, 8 a.m. – 6 p.m. Eastern Time

- 1-800-457-4584

Secure Correspondence:

- Via the Provider Healthcare Portal

  *(After logging in to the Portal, click the **Secure Correspondence** link to submit a request)*
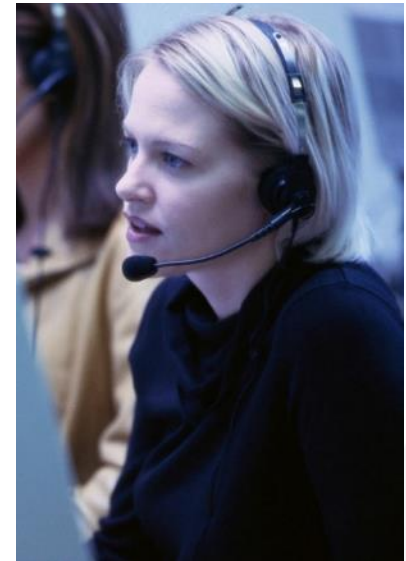
Questions?

**Please review your schedule for the next session
you are registered to attend.**

Session Survey

Please use the QR code or the weblink below to complete a survey about the session you just attended. Each session has a unique survey so be sure to complete the appropriate one for each session you attend. We will be taking your feedback from this survey to improve future IHCP events.

https://tinyurl.com/fssa1042